

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90425 001 \*\*\*\*35.00  
 03-15-2004 90425 002 \*\*\*\*\*8.75  
 03-15-2004 90425 003 \*\*\*\*\*5.00  
 04-16-2004 90132 001 \*\*\*\*12.50  
 04-16-2004 90132 002 \*\*\*\*\*8.75  
**66412039**



MOORE CR2E037 (11/03)

<b>DOCUMENT # N03000000699</b>		
1. Entity Name <b>IGLESIA FUENTE SANADORA PERDON, AMOR, RESTAURACION, INC.</b>		
Principal Place of Business <b>1958 GROVE STREET FT. MYERS FL 33901</b>		Mailing Address <b>1958 GROVE STREET FT. MYERS FL 33901</b>
2. Principal Place of Business <b>2809 Grand Ave.</b>		3. Mailing Address <b>P.O. Box 6862</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State <b>Fort Myers, Florida</b>		City & State <b>Fort Myers, Florida</b>
Zip <b>33911</b>	Country <b>Lee</b>	Zip <b>33911</b>
Country		Country <b>Lee</b>

4. FEI Number <b>03-0506723- IRS</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>PO</b>	<input type="checkbox"/> Delete <b>MOLINA, LUIS E</b> 1300 WOODWARD CT. APT. 31 LEHIGH ACRES FL 33936	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Delete <b>COLON, GLADYS</b> 1011 SE. 25TH TER. CAPE CORAL FL 33904	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Milagros Molina</b> 1300 Woodard Ct, Apt 31 Lehigh Acres, FL 33936
TITLE <b>SD</b>	<input checked="" type="checkbox"/> Delete <b>HERNANDEZ, MILAGROS</b> 1300 WOODWARD CT. LEHIGH ACRES FL 33936	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>SD</b> <b>Camile Pacheco</b> 1878 Winkler Ave. Fort Myers, FL 33901
TITLE <b>TD</b>	<input checked="" type="checkbox"/> Delete <b>COLON, WILFREDO</b> 1011 SE. 25TH TER. CAPE CORAL FL 33904	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TD</b> <b>Norma Kibbe</b> 325 Santa Barbara Blvd Fort Myers, FL 33991
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>STD</b> <b>Lizette Colon</b> 2617 Michigan Ave. Fort Myers, FL 33916
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Luis E. Molina *Luis E. Molina* **03-05-04 (239) 368-5455**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #